



National  
Aeronautics and  
Space  
Administration

# Claim for Reimbursement and/or Accounting for Advance from the Administrator's Fund

(Submit in triplicate)

<b>TO:</b>  <b>NASA HEADQUARTERS</b> <b>Finance Office</b> <b>Thru: Administrator's Office</b>		<b>FROM:</b> INSTALLATION	
		NAME OF REQUESTING OFFICIAL	OFFICE CODE TELEPHONE NO.
WAS PRIOR APPROVAL FOR USE OBTAINED? YES <input type="checkbox"/> NO <input type="checkbox"/>		IF YES, STATE APPROVAL DATE & NUMBER	
WAS ADVANCE OF FUNDS RECEIVED? YES <input type="checkbox"/> NO <input type="checkbox"/>		IF YES, STATE AMOUNT	

▶ If "No," or amount absent exceeds approved amount by more than 10%, NASA Form 1081 must be completed and accompany this form.

## AMOUNTS (Attach receipts or vendor's invoices)

DESCRIPTION OF ITEMS AND NAME OF VENDORS OR PAYEES		Convert to U.S. dollar equivalents, claims stated in foreign currency, including vendor's invoices.	
		COST	AMOUNT CLAIMED
PAID BY CLAIMANT			
	TOTAL		▶
	LESS AMOUNT ADVANCED		▶
BALANCE DUE		▶	
ADMINISTRATOR'S FUND (Attach check)		▶	
CLAIMANT (See below)		▶	
UNPAID			
	TOTAL		▶
AGGREGATE (All disbursements are the personal responsibility of the requestor until final review and approval in accordance with NMI 9050.4.)		▶	

REIMBURSE IN		MAKE PAYMENT TO (Name and address of vendors and claimant)	AMOUNT
U.S. DOLLARS	FOREIGN CURRENCY		

I CERTIFY that the goods and/or services represented by the attached receipts and vendor's invoices have been received and payment has been made by me as indicated or is due.


SIGNATURE OF REQUESTING OFFICIAL		DATE	
APPROVAL	SIGNATURE OF APPROVING OFFICIAL	DATE	SCHEDULE NO.









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UNPAID			
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